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7590

04/10/2002

Ratner & Prestia
PO Box 980
Valley Forge, PA 19482

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Mary K. MacMillan

(Depositor's name)

Mary K. MacMillan

(Signature)

July 9, 2002

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/917,109	07/27/2001	Jacob Leidner	BIN-104US	9779

TITLE OF INVENTION: ERASER

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
18	nonprovisional	NO	\$1280	\$300	\$1580	07/10/2002
					+30	
					1610.00	
EXAMINER	ART UNIT	CLASS-SUBCLASS				
LEE, RIP A	1713	524-425000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. RatnerPrestia

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Binney & Smith

Easton, PA 18044

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Commissioner is hereby authorized to ~~credit any overpayment, to~~ Deposit Account Number 18-0350 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Jonathan H. Spadt Reg. No. 45,122

07/09/02

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07/19/2002 INVENTOR 00000010 09917109

01 FC:142

1280.00 BP

02 FC:195

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03 FC:351

30.00 BP

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